

# #CareForSelf&Others #StopTheSpread



## Self-Check Before Going To Faith Formation

4  to Go 1  to Stop



### Symptoms?

**TRUE** or **FALSE**



I do **NOT** have **ANY** of the following unusual symptoms:

- Fever of 100.4+ or chills
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Muscle or body aches
- Congestion or runny nose
- Nausea or vomiting
- Cough
- Sore throat
- Headache
- Diarrhea

### Covid-19 Contact?



**TRUE** or **FALSE**



Within the last 10 days I have **NOT** had close contact with anyone who has tested positive for COVID-19.

Consider your answer "True" if you are fully vaccinated against SARS-CoV-2 AND received a negative test at least 3 to 5 days after initial contact..



### Face Covering?

**TRUE** or **FALSE**



I will wear a face covering whenever inside a building with others.

### Travel?



**TRUE** or **FALSE**



I have **NOT** traveled outside of the United States of America in the last seven days.

Consider your answer "True" if you are fully vaccinated against SARS-CoV-2.

## IF ALL FOUR STATEMENTS ARE TRUE

you may participate in faith formation while minimizing the risk of exposing others to Covid-19.

